Fill in this	information to	identify your case	<b>:</b> :	Check as directed in lines 17 and 21:
	Bankruptcy Court fo		Snyder Last Name Snyder Last Name C. OF PENNSYLVANIA	According to the calculations required by this Statement:  1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).  2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
Case number (if known)	1:22-bk-0238			☐ 3. The commitment period is 3 years.  ☐ 4. The commitment period is 5 years.
Official Fo	rm 122C-1			✓ Check if this is an amended filing
		of Your Curre mmitment Peri	nt Monthly Income od	10/19
accurate. If mo	ore space is neede	d, attach a separate s		, both are equally responsible for being te line number to which the additional number (if known).
Part 1:	Calculate Your	Average Monthly	Income	

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$6,708.96	\$5,330.62
3.	Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00	-		
Ordinary and necessary operating expenses	\$0.00	\$0.00	Copy		
Net monthly income from a business, profession, or farm	\$0.00	\$0.00	here -> _	\$0.00	\$0.00

Desc

Column A Column B

7. 8.

Column A Debtor 1

Column B Debtor 2 or non-filing spouse

Net income from rental and other real property

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating expenses	- \$0.00	\$0.00	Сору		
Net monthly income from rental or other real property	\$0.00	\$0.00	here →	\$0.00	\$0.00
Interest, dividends, and royalties			_	\$0.00	\$0.00
Unemployment compensation				\$0.00	\$0.00
Do not enter the amount if you conte benefit under the Social Security Act					·
For you		\$0.0	00		
For your spouse		\$0.0	00		
Pension or retirement income. Do	not include any am	nount received that		\$0.00	\$0.00

- Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.
- 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total average monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.



monthly income

#### Part 2: **Determine How to Measure Your Deductions from Income**

\$12,039.58 12. Copy your total average monthly income from line 11.

	tor 1 tor 2		Case number (if known) 1:22-b	k-02387
13.	Calc	culate the marital adjustment. Check one:		
	П	You are not married. Fill in 0 below.		
	$\overline{\mathbf{V}}$	You are married and your spouse is filing with you. Fill it	in 0 below.	
		You are married and your spouse is not filing with you.		
			n B, that was NOT regularly paid for the household experuse's tax liability or the spouse's support of someone oth	
		than you or your dependents.	use's tax liability of the spouse's support of someone of	ICI
		Below, specify the basis for excluding this income and t	the amount of income devoted to each purpose. If	
		necessary, list additional adjustments on a separate page	ge.	
		If this adjustment does not apply, enter 0 below.		
			+	
		Total	\$0.00 Copy here →	\$0.00
14.	You	ur current monthly income. Subtract the total in line 13	from line 12.	\$12,039.58
15.		culate your current monthly income for the year. Follow	·	
	15a.	. Copy line 14 here 🔷		
		Multiply line 15a by 12 (the number of months in a yea		X 12
	15b.	The result is your current monthly income for the year	for this part of the form.	\$144,474.96
16.	Calc	culate the median family income that applies to you.	Follow these steps:	
	16a.	. Fill in the state in which you live.	Pennsylvania	
	16b.	p. Fill in the number of people in your household.	4	
	16c.	Fill in the median family income for your state and size To find a list of applicable median income amounts, go instructions for this form. This list may also be available		<u>\$113,037.00</u>
17.	How	w do the lines compare?		
	17a.	<b>□</b>	e top of page 1 of this form, check box 1, <i>Disposable inc</i> NOT fill out Calculation of Your Disposable Income (Offi	
	17b.	Line 15b is more than line 16c. On the top of page	ge 1 of this form, check box 2, Disposable income is det	ermined under
		On line 39 of that form, copy your current monthly	t Calculation of Your Disposable Income (Official Form y income from line 14 above.	m 122C-2).
Pa	art 3	Calculate Your Commitment Period Un	nder 11 U.S.C. § 1325(b)(4)	
18.	Сор	by your total average monthly income from line 11.		\$12,039.58
19.	that	duct the marital adjustment if it applies. If you are mare a calculating the commitment period under 11 U.S.C. § 13 pme, copy the amount from line 13.	· · · · · · · · · · · · · · · · · · ·	
	19a.	If the marital adjustment does not apply, fill in 0 on line	e 19a	
	19b.			\$12,039.58

	ebtor 1 Phillip Alan Snyder Becky Louise Snyder		Case number (if know	m) <u>1:22-bk-02387</u>				
20.	Calc	ulate your current monthly income for the year.	Follow these steps:					
	20a.	Copy line 19b		\$12,039.58				
		Multiply by 12 (the number of months in a year).		X 12				
	20b.	The result is your current monthly income for the y	ear for this part of the form.	\$144,474.96				
	20c.	Copy the median family income for your state and	size of household from line 16c	\$113,037.00				
21. How do the lines compare?								
		Line 20b is less than line 20c. Unless otherwise ord check box 3, <i>The commitment period is 3 years</i> . Go	, , , ,	m,				
	$   \sqrt{} $	Line 20b is more than or equal to line 20c. Unless of this form, check box 4, <i>The commitment period is</i>	, , , , ,	<del>2</del> 1				
Pa	art 4	Sign Below						
	By s	gning here, under penalty of perjury I declare that th	e information on this statement and in any attach	ments is true and correct.				
		s/ Phillip Alan Snyder	X /s/ Becky Louise Snyder					
	P	hillip Alan Snyder, Debtor 1	Becky Louise Snyder, Debtor	2				
	D	ate 4/11/2023	Date 4/11/2023					
		MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY				

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:						
Debtor 1	Phillip First Name	Alan Middle Name	Snyder Last Name			
Debtor 2 (Spouse, if filing)	<b>Becky</b> First Name	<b>Louise</b> Middle Name	Snyder Last Name			
United States Bar	nkruptcy Court for the	MIDDLE DIST. OF	PENNSYLVANIA			
Case number (if known)	1:22-bk-02387					

Check if this is an amended filing

## Official Form 122C-2

# **Chapter 13 Calculation of Your Disposable Income**

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,900.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age					
7a. Out-of-pocket health care allowance per person	\$75.00				
7b. Number of people who are under 65	x4	Сору			
7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$300.00	here -	\$300.00		
People who are 65 years of age or older					
7d. Out-of-pocket health care allowance per person	\$153.00				
7e. Number of people who are 65 or older	х	Сору			
7f. <b>Subtotal.</b> Multiply line 7d by line 7e.	\$0.00	here -	+\$0.00	Сору	
7g. Total. Add lines 7c and 7f			\$300.00	here →	\$300.00

**Local Standards** 

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Housing and utilities -- Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$784.00

- Housing and utilities -- Mortgage or rent expenses:
  - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$1,533.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average month payment	ly		
MEMBERS 1ST FCU	\$150.63			
PENNYMAC LOAN SERVICES LLC	\$1,565.00			
	_+			
9b. Total average monthly payment	\$1,715.63	Copy here →	 \$1,715.63	R a liı
Net mortgage or rent expense.				

9c.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$0.00 Copy here →	\$0.00
--------------------	--------

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain	
why:	

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

Main Document

\$630.00

Debtor 1 Phillip Alan Snyder
Debtor 2 Becky Louise Snyder

Case number (if known) 1:22-bk-02387

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1

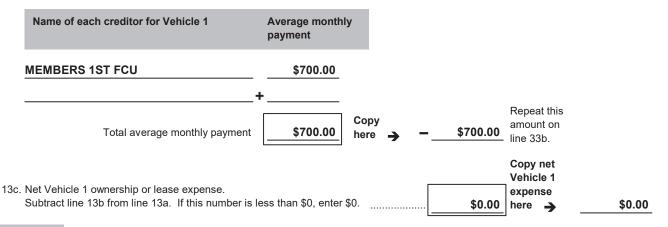
Describe Vehicle 1: 2018 Ford F150 black 66,000 appox miles

13a. Ownership or leasing costs using IRS Local Standard. \$588.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



Vehicle 2

Describe Vehicle 2: 2015 Jeep Cherokee white 79,000 miles approx

- 13d. Ownership or leasing costs using IRS Local Standard. \$588.00
- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	,			
MEMBERS 1ST FCU	\$163.80				
Total average monthly payment	\$163.80	Copy here -> -	\$163.80	Repeat this amount on line 33c.	
13f. Net Vehicle 2 ownership or lease expense. Subtract line 13e from 13d. If this number is less	than \$0, enter \$0.		\$424.20	Copy net Vehicle 2 expense here	\$424.20

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

	btor 1 Phillip Alan Snyder btor 2 Becky Louise Snyder	Case number (if known) 1:22-bk-02387	
15.	5. Additional public transportation expense: If you claimed 1 or more vehicle also deduct a public transportation expense, you may fill in what you believe not claim more than the IRS Local Standard for Public Transportation.	_	\$0.00
Oth	Other Necessary Expenses In addition to the expense deductions listed ab following IRS categories.	ove, you are allowed your monthly expenses for	the
16.	6. Taxes: The total monthly amount that you actually pay for federal, state and employment taxes, Social Security taxes, and Medicare taxes. You may incl your pay for these taxes. However, if you expect to receive a tax refund, you and subtract that number from the total monthly amount that is withheld to pa Do not include real estate, sales, or use taxes.	ude the monthly amount withheld from I must divide the expected refund by 12	\$2,397
17.	7. Involuntary deductions: The total monthly payroll deductions that your job union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 4	·	\$419.31
18.	8. Life insurance: The total monthly premiums that you pay for your own term filing together, include payments that you make for your spouse's term life insurance on the include premiums for life insurance on your dependents, for a non-filing form of life insurance other than term.	surance.	\$35.67
19.	<ol> <li>Court-ordered payments: The total monthly amount that you pay as require agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support</li> </ol>	· -	\$0.00
20.	<ul> <li>Education: The total monthly amount that you pay for education that is either as a condition for your job, or</li> <li>for your physically or mentally challenged dependent child if no public education.</li> </ul>	· -	\$0.00
21.	<ol> <li>Childcare: The total monthly amount that you pay for childcare, such as bab Do not include payments for any elementary or secondary school education.</li> </ol>		\$120.00
22.	2. Additional health care expenses, excluding insurance costs: The monthl is required for the health and welfare of you or your dependents and that is no health savings account. Include only the amount that is more than the total of Payments for health insurance or health savings accounts should be listed or	ot reimbursed by insurance or paid by a entered in line 7.	\$0.00
23.	3. Optional telephones and telephone services: The total monthly amount th for you and your dependents, such as pagers, call waiting, caller identification phone service, to the extent necessary for your health and welfare or that of your income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone sexpenses, such as those reported on line 5 of Official Form 122C-1, or any a	n, special long distance, or business cell your dependents or for the production service. Do not include self-employment	
24.	<ol> <li>Add all of the expenses allowed under the IRS expense allowances.</li> <li>Add lines 6 through 23.</li> </ol>	[.	\$7,110.71
Add	Additional Expense Deductions  These are additional deductions allowed by Note: Do not include any expense allower		
25.	<ol> <li>Health insurance, disability insurance, and health savings account experinsurance, disability insurance, and health savings accounts that are reasons spouse, or your dependents.</li> </ol>	· · · · · · · · · · · · · · · · · · ·	
	Health insurance \$166.90		
	Disability insurance \$0.00		
	Health savings account +\$0.00		
	Total \$166.90 Copy to	otal here	\$166.90
	Do you actually spend this total amount?		
	<ul><li>No. How much do you actually spend?</li><li>✓ Yes</li></ul>		
26.	6. Continued contributions to the care of household or family members. T will continue to pay for the reasonable and necessary care and support of an member of your household or member of your immediate family who is unable expenses may include contributions to an account of a qualified ABLE programmer.	elderly, chronically ill, or disabled le to pay for such expenses. These	\$0.00

Debto Debto	· ············ · · · · · · · · · · · ·	887				
27.	<b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.		\$0.00			
28.	<b>Additional home energy costs.</b> Your home energy costs are included in your insurance and operating expenses on line 8.					
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.					
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.					
29.	• Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.					
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.					
	* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.					
30.	<b>Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.					
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.					
	You must show that the additional amount claimed is reasonable and necessary.					
31.	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).	+	\$0.00			
	Do not include any amount more than 15% of your gross monthly income.					
32.	Add all of the additional expense deductions.  Add lines 25 though 31.	\$10	66.90			

page 5

## **Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60

	110 00	months after you me	Tor barmaptoy. Their divide by c							
								rage monthly nent		
		Mortgages on your	home			P	uy.			
	33a.	Copy line 9b here				→		\$1,715.63		
		Loans on your first	two vehicles							
	33b.	Copy line 13b here				→		\$700.00		
	33c.	Copy line 13e here				→		\$163.80		
	33d.	List other secured de	ebts:							
		of each creditor for secured debt	Identify property secures the debt	incl	ш.	xes o	r _			
						No				
						Yes	_			
						No _	+_			
					Ш	Yes	Г		Copy total	
	33e.	Total average month	ly payment. Add lines 33a throug	gh 33d			_	\$2,579.43	here -	\$2,579.43
	<u> </u>	No. Go to line 35.  Yes. State any amou	rt or the support of your depen nt that you must pay to a creditor our property (called the cure amo	, in addition to th						
Nar	ne of th	ne creditor	Identify property that secures the debt	Total cure amount				lonthly cure mount		
PE	NYM	AC LOAN SERVIC	13 Dove Court, Dillsburg, P	\$364.13	÷ 6	0 =	_	\$6.07		
					÷ 6	0 =	_			
					÷ 6	0 = -	+_			
					To	otal		\$6.07	Copy total here	\$6.07
35.	alimo 11 U.S	nythat are past due S.C. § 507. No. Go to line 36. 'es. Fill in the total a	laimssuch as a priority tax, che as of the filing date of your ba	nkruptcy case?	<b>?</b> ide					
		-	all past-due priority claims	•					÷ 60 =	\$0.00

Main Document

Debto Debto		Phillip Alan Snyder Becky Louise Snyder	Case r	numbe	r (if known)	1:22-bk-023	87
36.	Proje	cted monthly Chapter 13 plan payment			\$1,100		
	Office	ont multiplier for your district as stated on the list issued by the Administrative of the United States Courts (for districts in Alabama and North Carolina) of Executive Office for United States Trustees (for all other districts).					
	speci	d a list of district multipliers that includes your district, go online using the l fied in the separate instructions for this form. This list may also be availab bankruptcy clerk's office.		X	6.7	%	
	Avera	age monthly administrative expense			\$0.00	Copy total here	\$73.70
37.		all of the deductions for debt payment. ines 33e through 36.					\$2,653.13
Tota	al Ded	uctions from Income					
38.	Add a	all of the allowed deductions.					
	Сору	line 24, All of the expenses allowed under IRS expense allowances		\$	<u> 7,110.71</u>		
	Сору	line 32, All of the additional expense deductions			\$166.90		
	Сору	line 37, All of the deductions for debt payment	+	\$	2,65313		
	Total	deductions		\$	9,802.11	Copy total here	\$9,930.74
	t 2: Copy	Determine Your Disposable Income Under 11 U.S.C. § 2 your total current monthly income from line 14 of Form 122C-1, Chapt		(2)			
	State	ment of Your Current Monthly Income and Calculation of Commitment	t Period.				\$12,218
40.	The n disab you re	any reasonably necessary income you receive for support for dependent on the property of any child support payments, foster care payments, or illity payments for a dependent child, reported in Part 1 of Form 122C-1, the eceived in accordance with applicable nonbankruptcy law to the extent smally necessary to be expended for such child.		dren.			
41.	your e	all qualified retirement deductions. The monthly total of all amounts the employer withheld from wages as contributions for qualified retirement, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loan retirement plans, as specified in 11 U.S.C. § 362(b)(19).			\$1,220		
42.		of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). line 38 here	<b></b>		\$9,930.74		
43.	exper circur	ction for special circumstances. If special circumstances justify additionses and you have no reasonable alternative, describe the special mstances and their expenses. You must give your case trustee a detailed nation of the special circumstances and documentation for the expenses.	nal				
	Des	scribe the special circumstances Amount of expense					
		+					
		Total \$0.00 he		۰	\$0.00		

Main Document

	Alan S Louise	Snyder	Case number (if	known) <u>1:22</u>	?-bk-02387
Total adjust	ments.	Add lines 40 through 43	→ \$11,	150.74 Co	py re <b>→</b> - <u>\$11,150.74</u>
Calculate yo	ur montl	nly disposable income under § 1325(b)(2).	Subtract line 44 from line 39.		\$1,067.2
rt 3: Cha	nge in	Income or Expenses			
virtually certainformation b	in to cha elow. Fo	expenses. If the income in Form 122C-1 onge after the date you filed your bankruptcy or example, if the wages reported increased alumn, explain why the wages increased, fill in	petition and during the time your fter you filed your petition, chec	r case will be o k 122C-1 in th	open, fill in the ne first column, enter
Form	Line	Reason for change	Date of change	Increase decreas	•
122C-1					ease
122C-1				<b>–</b> –	ease rease
☐ 122C-1 ☐ 122C-2					ease rease
122C-1				ш_	ease rease
t 4: Sig	n Belov	V			
By signing he	ere, unde	penalty of perjury you declare that the infor	nation on this statement and in	any attachme	nts is true and correct.
X /s/ Philli Phillip Ala		inyder , Debtor 1	X /s/ Becky Louise Sr Becky Louise Snyder, I		
Date <u>4/1</u>			Date 4/11/2023 MM / DD / YYYY		